

TELECOPIER COVER SHEET**RECEIVED
CENTRAL FAX CENTER****FEB 02 2006****February 2, 2006**

To: Assistant Commissioner for Patents	From: Estella Pineiro Patent Administrator 818-493-2251
Attention: TECHNOLOGY CENTER 3700 Examiner: Alamer S. Ahmed Art Unit: 3763	ST. JUDE MEDICAL CRMD 15900 Valley View Court Sylmar, California 91392-9221
Telecopier: 571-273-8300	Telecopier: 818/362-4795
RE: Filing of Amendment and Request for Reconsideration App. No.: 10/609,194 Filed: 06/26/2003 Docket No.: 11533US.00 Confirmation No.: 7602	Number of pages being sent: <u>10</u> (including cover page)

**PLEASE DELIVER TO EXAMINER Ahmed, Art Unit 3763.
Thank you.**

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FEB 02 2006 PATENT

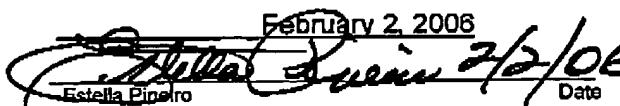
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:	Daniel J. Potter	Confirmation No. 7602
Serial No.:	10/609,194	Examiner: Aamer S. Ahmed
Filed:	06/26/2003	Art Unit: 3763
Docket No.:	11533US.00	
For:	Tearable Hemostasis Valve And Splittable Sheath	

TRANSMITTAL LETTER, FEE AND CERTIFICATE OF MAILING

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

I hereby certify that this correspondence is being facsimile
transmitted to the United States Patent and Trademark Office on:


Estella Pinero February 2, 2006
Date

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Submitted herewith for filing are the following documents:

- Amendment and Request for Reconsideration
 Transmittal Letter, Fee and Cert. of Mailing

PATENT

CALCULATION OF FEES						
ITEM		NO. OF CLAIMS REMAINING AFTER AMENDMENT	NO. OF CLAIMS PREVIOUSLY PAID FOR	ADD'L CLAIMS FILED	LARGE ENTITY FEE	\$ FEE
A	TOTAL CLAIMS FEE	12	20	0	X \$ 50	\$ 0
B	INDEPENDENT CLAIMS FEE**	1	3	0	X \$200	0
C	MULTIPLE- DEPENDENT				X \$ 360	0
D	EXTENSION OF TIME FEE — 1-mon: \$120; 2-mon: \$450; 3-mon: \$1,020; 4-mon: \$1,590; 5-mon: \$2,160					0
E	ADDITIONAL FEES (i.e., Surcharge – Late Fee- Declaration; Petitions; Information Disclosure Statement; Terminal Disclaimer, etc.) Specify:					0
F	TOTAL ADDITIONAL FEE** (ADD TOTALS FOR LINES A,B,C,D, and E)					\$0**

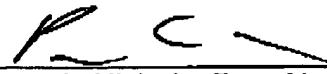
Charge Deposit Account No. 16-0068
the amount of

\$0**

A copy of this letter is
enclosed.

- The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 16-0068
- Any additional filing fees required under 37 CFR 1.16.
- Any patent application processing fees under 37 CFR 1.17.
- The Commissioner is hereby authorized to charge payment of the following fees during the pendency of this application or credit any overpayment to Deposit Account No. 16-0068
- Any patent application processing fees under 37 CFR 1.17.
- Any filing fees under 37 CFR 1.16 for presentation of extra claims.

Respectfully submitted,

Date: 2-2-04


Peter A. Nichols, Reg. No. 47,822
Patent Attorney for Applicants

CUSTOMER NUMBER: 36802

Page 2 of 2

PAGE 3/10 * RCVD AT 2/2/2006 6:04:57 PM [Eastern Standard Time] * SVR:USPTO-EFXRF-6/24 * DNIS:2738300 * CSID:818 362 4795 * DURATION (mm:ss):04:42

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FEB 02 2006

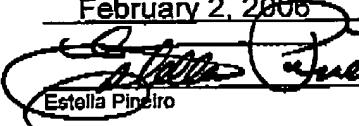
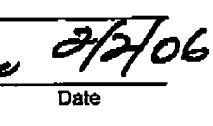
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Serial No.:	10/609,194	Examiner:	Aamer S. Ahmed
Filed:	06/26/2003	Art Unit:	3763
Docket No.:	11533US.00		
For:	Tearable Hemostasis Valve And Splittable Sheath		

AMENDMENT AND REQUEST FOR RECONSIDERATION

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office, on:

February 2, 2006


Estella Pineiro
Date

Dear Sir:

In response to the Office Action dated November 04, 2005, please amend the above-identified application as follows.